

L13000079050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

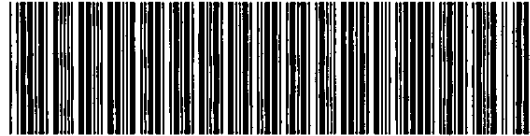
(Business Entity Name)

(Document Number)

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FILED
16 MAY 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Get Cool Air, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristyn L. Ritchie

Name of Person

Get Cool Air, LLC

Firm/Company

6301 81st Ave N

Address

Pinellas Park, FL 33781

City/State and Zip Code

kristyn_getcoolair@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anson t. Ritchie

at (727)

259-5513

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Get Cool Air, LLC

2. (a) Get Cool Air, LLC (b) Get Cool Air, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6301 81st Ave N

Pinellas Park, FL 33781

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6301 81st Ave N

Pinellas Park, FL 33781

May 2013

L13000079050

3. Date of filing/registration in Florida

4. Document number

5. (a) Kristyn Shrader

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

6301 81st Ave N

Pinellas Park, FL 33781

(b) Kristyn L. Ritchie

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

6301 81st Ave N

Pinellas Park, FL 33781

FILED
16 MAY 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

ANSON T RITCHIE
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

Department of Health • Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2015 ML 3150397

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) ANSON TAYLOR RITCHIE		2. DATE OF BIRTH (Month, Day, Year) 05/15/1984	
3a. RESIDENCE - CITY, TOWN, OR LOCATION PINELLAS PARK	3b. COUNTY PINELLAS	3c. STATE FL	4. BIRTHPLACE (State or Foreign Country) NORTH CAROLINA
5a. BRIDE'S NAME (First, Middle, Last) KRISTYN LEE SHRADER		5b. MAIDEN SURNAME (If different) SHRADER	6. DATE OF BIRTH (Month, Day, Year) 05/10/1983
7a. RESIDENCE - CITY, TOWN, OR LOCATION PINELLAS PARK	7b. COUNTY PINELLAS	7c. STATE FL	8. BIRTHPLACE (State or Foreign Country) CALIFORNIA
WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.			
9. SIGNATURE OF GROOM (Sign full name using black ink) > <i>Anson T. Ritchie</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/04/2015	
11. TITLE OF OFFICIAL DEPUTY CLERK		12. SIGNATURE OF OFFICIAL (Use black ink) > <i>Carlos A. Cespedes</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) > <i>Kristyn Lee Shrader</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 09/04/2015	
15. TITLE OF OFFICIAL DEPUTY CLERK		16. SIGNATURE OF OFFICIAL (Use black ink) > <i>Carlos A. Cespedes</i>	
LICENSE TO MARRY			
AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			
17. COUNTY ISSUING LICENSE PINELLAS	18. DATE LICENSE ISSUED 09/04/2015	19a. DATE LICENSE EFFECTIVE 09/04/2015	19b. EXPIRATION DATE 11/03/2015
20a. SIGNATURE OF COURT CLERK OR JUDGE > <i>Ken Burke</i>		20b. TITLE CLERK OF THE CIRCUIT COURT AND COMPTROLLER	20c. BY D.C. CAC
CERTIFICATE OF MARRIAGE			
I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			
21. DATE OF MARRIAGE (Month, Day, Year) 9/4/2015		22. CITY, TOWN, OR LOCATION OF MARRIAGE St. Petersburg, Pinellas County, Florida	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) > <i>Carlos A. Cespedes</i>		23b. ADDRESS (of person performing ceremony) 1800 66 th St N, St. Petersburg, Florida 33710	
24. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) CARLOS A CESPEDES Deputy Clerk		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >	

STATE OF FLORIDA-PINELLAS COUNTY

I hereby certify that the foregoing is
a true copy as the same appears among
the files and records of this court
this 4 day of SEPTEMBER, 2015

KEN BURKE
Clerk of Circuit Court & Comptroller

By

Carlos A. Cespedes
Deputy Clerk